

PLAN REVIEW/ROUTING SLIP

DEPARTMENTS:

Building Division

Public Works

Fire Prevention

Structural

Planning Division

Permit Coordinator

DETERMINATION OF COMPLETENESS: (Tues., Thurs.)

DUE DATE: 11-30-04

Complete ☒

Incomplete ☐Not Applicable ☐

Comments:

Permit Center Use Only

INCOMPLETE LETTER MAILED:

LETTER OF COMPLETENESS MAILED:

Departments determined incomplete: Bldg ☐

Fire ☐

Ping ☐

PW ☐

Staff Initials:

TUES/THURS ROUTING:

Please Route ☒ Structural Review Required ☐ No further Review Required ☐

REVIEWER'S INITIALS:

DATE: _____

APPROVALS OR CORRECTIONS:

DUE DATE: **12-28-04**

Approved ☐

Approved with Conditions ☐

Not Approved (attach comments) ☒

Notation:

REVIEWER'S INITIALS:

DATE: _____

Permit Center Use Only

CORRECTION LETTER MAILED:

Departments issued corrections:

Bldg ☐Fire ☐

Ping

PW ☒

Staff Initials:

PERMIT COORD COPY

NOTICE: IF THE DOCUMENT IN THIS FRAME IS LESS CLEAR THAN THIS NOTICE IT IS DUE TO THE QUALITY OF THE DOCUMENT.

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